

FORM

2A

NPDES

NPDES FORM 2A APPLICATION OVERVIEW

NOV 04 2011

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

- A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

- D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to provide the information.
- E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. **Industrial Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
 - 1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 - 2. Any other industrial user that:
 - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - b. Contributes a process wastewater that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designed as an SIU by the control authority.
- G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1 Facility Information.

Facility Name Coeburn-Norton-Wise Regional Wastewater Treatment Plant

Mailing Address P.O. Box 1296
Norton, VA 24273

Contact Person Mr. James Dayton Stidham

Title Superintendent

Telephone Number 276-395-5302

Facility Address State Route 699; 11550 Pine Camp Road
(not P.O. Box) Coeburn, VA 24230

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant Name Coeburn-Norton-Wise Regional Wastewater Treatment Authority

Mailing Address P.O. Box 1296
Norton, VA 24273

Contact Person Mr. Mark S. Hollyfield

Title Executive Director

Telephone number 276-679-7236

Is the applicant the owner or operator (or both) of the treatment works?

☒ owner ☒ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ facility ☒ applicant

A.3 Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES VA0077828 PSD _____

UIC _____ Other _____

RCRA _____ Other _____

A.4 Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>Town of Coeburn</u>	<u>~2,735</u>	<u>Separate</u>	<u>Municipal</u>
<u>City of Norton</u>	<u>~5,000</u>	<u>Separate</u>	<u>Municipal</u>
<u>Town of Wise</u>	<u>~5,300</u>	<u>Separate</u>	<u>Municipal</u>
<u>Norton County (portion)</u>	<u>~650</u>	<u>Separate</u>	<u>Municipal</u>
Total population served	<u>~13,685</u>		

Yes X No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

Transporter Name _____
Mailing Address _____

Contact Person _____
Title _____
Telephone Number _____

For each treatment works that receives this discharge, provide the following:

Transporter Name _____
Mailing Address _____

Contact Person _____
Title _____
Telephone Number _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? _____ Yes X No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9 Description of Outfall.

- a. Outfall number 001
- b. Location near Coeburn 24230
(City or town, if applicable) (Zip Code)
Wise Virginia
(County) (State)
35°55'37" 82°28'16"
(Latitude) (Longitude)
- c. Distance from shore (if applicable) _____ ft.
- d. Depth below surface (if applicable) _____ ft.
- e. Average daily flow rate 3.04 mgd From 1/08 - 7/11 DMR data
- f. Does this outfall have either an intermittent or
periodic discharge? _____ Yes X No (go to A.9.g)
- Number of times per year discharge occurs: _____
- Average duration of each discharge: _____
- Average flow per discharge: _____ mgd
- Months in which discharge occurs: _____
- g. Is outfall equipped with a diffuser? _____ Yes X No

A.10. Description of Receiving Waters

- a. Name of receiving water Guest River
- b. Name of watershed (if known) Tennessee-Big Sandy River Basin
United States Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin (if known): Clinch River Subbasin
United States Geological Survey 8-digit hydrological cataloging unit code (if known): 6010205
- d. Critical low flow of receiving stream (if applicable):
acute 1.8 cfs (1Q10) chronic 2.1 cfs (7Q10)
- e. Total hardness of receiving stream at critical low flow (if applicable): 165 mg/l of CaCO₃

A.11. Description of Treatment

- a. What levels of treatment are provided? Check all that apply.

☒ Primary ☒ Secondary
☐ Advanced ☐ Other. Describe: _____

The treatment levels and removal rates are expected to be the same for the current treatment process and the expanded (6.5 MGD) process.

- b. Indicate the following removal rates (as applicable)

Design BOD₅ removal or Design CBOD₅ removal 85-95 %
Design SS removal 85-95 %
Design P removal N/A %
Design N removal 85-95 %
Other N/A %

- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Chlorination

If disinfection is by chlorination, is dechlorination used for this outfall? ☒ Yes ☐ No

- d. Does the treatment plant have post aeration?

☒ Yes ☐ No

A.12.

Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

Data from DMRs (January 2008 - July 2011); E. coli also includes data collected August 18, 2010 for Water Quality Criteria monitoring (Attachment A; VPDES Permit VA0077828); winter temperatures are influent temperatures - the facility does not collect information for effluent temperatures on a regular basis.

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.0	s.u.			
pH (Maximum)	7.7	s.u.			
Flow Rate	9.2	mgd	3.04	mgd	Cont.
Temperature (Winter) (Jan-Mar)	15.0	°C	12.3	°C	332
Temperature (Summer) (July-Sept)	23.0	°C	19.5	°C	9

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
		Conc.	Units	Conc.	Units	Number of Samples		
BIOCHEMICAL OXYGEN Demand (Report one)	BOD-5	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	CBOD-5	42	mg/L	1.6	mg/L	523	EPA 405.1	1 mg/L
FECAL COLIFORM (E.coli)		21.8	MPN/100 mls	4.6	MPN/100 mls	26	SM 20. 9223B	1 MPN/100mls
TOTAL SUSPENDED SOLIDS (TSS)		66.0	mg/L	6.8	mg/L	542	EPA 160.2	1 mg/L

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification)

Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or

B.1. Infiltration.

Unknown

Briefly explain any steps underway or planned to minimize inflow and infiltration.

Smoke testing, video monitoring, and other detection methods are utilized to locate problems which are repaired, rehabilitated, or replaced.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.) **See attached Figure 1.**

- The area surrounding the treatment plant, including all unit processes.
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable. **See Figure 1.**
- Each well where wastewater from the treatment plant is injected underground. **None**
- Well, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed. **N/A**

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

See Figure 2 and Attachment 1 for process descriptions.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor?

 Yes X No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

- a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

001-Expansion of plant to 6.5 MGD.

- b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

 Yes X No

c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

N/A

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM/DD/YYYY	Actual Completion MM/DD/YYYY	
- Begin construction	3 / 1 / 12	/ /	Scheduled dates are subject to change.
- End construction	3 / 1 / 14	/ /	
- Begin discharge	/ /	/ /	
- Attain operational level	3 / 1 / 14	/ /	

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☒ Yes ☐ No

Describe briefly: VPDES Permit Application includes 6.5 MGD Tier; CTC will be requested upon VPDES Permit reissuance

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section.

All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: 001

Ammonia, TRC, and DO data from DMRs (1/08 - 7/11). Most other Part B.6 data is from the August 18, 2010 monitoring event completed for the water quality criteria monitoring (Attachment A: VPDES Permit VA0077828); additional parameters were collected on September 14-15, 2011 and are denoted with an asterisk.

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.											
AMMONIA (as N)	11.7	mg/L	359	kg/D	2.20	mg/L	25.3	kg/D	511	SM 4500NH3,F	0.1 mg/L
CHLORINE (TOTAL RESIDUAL, TRC)	<0.1	mg/L	<3.0	kg/D	<0.1	mg/L	<1.2	kg/D	1,288	EPA 330.5	0.1 mg/L
DISSOLVED OXYGEN (1) Minimum value	7.1 ⁽¹⁾	mg/L	190	kg/D	8.1	mg/L	93.3	kg/D	1,279	EPA 360.1	1.0 mg/L
TOTAL KJELDAHL NITROGEN (TKN)*	2.0	mg/L	70	kg/D	2.0	mg/L	23.0	kg/D	1	SM 4500N,C	0.5 mg/L
NITRATE PLUS NITRITE NITROGEN*	4.2	mg/L	146	kg/D	4.2	mg/L	48.3	kg/D	1	SM18/4500 NO3 F	0.20 mg/L
OIL and GREASE*	<5.0	mg/L	<174	kg/D	<5.0	mg/L	<57.5	kg/D	1	EPA 1664A	5.0 mg/L
PHOSPHORUS (Total)*	0.053	mg/L	1.85	kg/D	0.053	mg/L	0.61	kg/D	1	SM18/4500-P E	0.050 mg/L
TOTAL DISSOLVED SOLIDS (TDS)*	277	mg/L	9,650	kg/D	277	mg/L	3,190	kg/D	1	SM18/2540C	25 mg/L
OTHER	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

END OF PART B.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

<input checked="" type="checkbox"/> Basic Application Information packet	<input type="checkbox"/> Supplemental Application Information packet
<input checked="" type="checkbox"/> Part D (Expanded Effluent Testing Data)	
<input checked="" type="checkbox"/> Part E (Toxicity Testing: Biomonitoring Data)	
<input checked="" type="checkbox"/> Part F (Industrial User Discharges and RCRA/CERCLA Wastes)	
<input type="checkbox"/> Part G (Combined Sewer Systems)	

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Mr. Mark S. Hollyfield, Executive Director

Signature Mark S. Hollyfield

Telephone number 276-679-7236

Date signed 10/28/2011

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS. All metals are dissolved per the requirement of the Water Quality Criteria monitoring (Attachment A; VPDES Permit VA0077828).											
ANTIMONY	2.6 J	µg/L	61.3	g/D	2.6 J	µg/L	26.3	g/D	1	EPA200.7	1.1 µg/L
ARSENIC	<2.1	µg/L	<49.5	g/D	<2.1	µg/L	<21.2	g/D	1	EPA200.7	2.1 µg/L
BERYLLIUM Waiver Requested	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CADMIUM	<0.5	µg/L	<11.8	g/D	<0.5	µg/L	<5.1	g/D	1	EPA200.7	0.5 µg/L
CHROMIUM	<30	µg/L	<707	g/D	<30	µg/L	<303	g/D	1	EPA200.7	34 µg/L
COPPER	<0.6	µg/L	<14.1	g/D	<0.6	µg/L	<6.1	g/D	1	EPA200.7	0.6 µg/L
LEAD	3.5 J	µg/L	82.5	g/D	3.5 J	µg/L	35.4	g/D	1	EPA200.7	2.8 µg/L
MERCURY	<0.030	µg/L	<0.71	g/D	<0.030	µg/L	<0.30	g/D	1	EPA245.1- REV.3	0.03 µg/L
NICKEL	1.3 J	µg/L	30.7	g/D	1.3 J	µg/L	13.1	g/D	1	EPA200.7	1.1 µg/L
SELENIUM	0.803 J	µg/L	18.9	g/D	0.803 J	µg/L	8.1	g/D	1	EPA200.7	0.6 µg/L
SILVER	<6.2	µg/L	<146	g/D	<6.2	µg/L	<62.7	g/D	1	EPA200.7	6.2 µg/L
THALLIUM	<1.4	µg/L	<33.0	g/D	<1.4	µg/L	<14.1	g/D	1	EPA200.7	1.4 µg/L
ZINC	26 J	µg/L	613	g/D	26 J	µg/L	263	g/D	1	EPA200.7	0.4 µg/L
CYANIDE*	<0.005	ug/L	<0.17	g/D	<0.005	ug/L	<0.06	g/D	1	Kelada-01	5 µg/L
TOTAL PHENOLIC COMPOUNDS Waiver Requested	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
HARDNESS (As CaCO ₃)*	150	mg/L	5,220	kg/D	150	mg/L	1,730	kg/D	1	SM18/ 2340B	0.65 mg/L

A 'J' qualifier indicates that the estimated value based on the measured result is outside the calibration range. In most cases the result is above the calibration curve and is beyond dilution capabilities. Actual result is probably higher than the estimated result given.

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN	<75	µg/L	<1770	g/D	<75	µg/L	<760	g/D	1	EPA 624	75 µg/L
ACRYLONITRILE	<0.25	µg/L	<5.9	g/D	<0.25	µg/L	<2.5	g/D	1	EPA 624	0.25 µg/L
BENZENE	<0.25	µg/L	<5.9	g/D	<0.25	µg/L	<2.5	g/D	1	EPA 624	0.25 µg/L
BROMOFORM	<0.25	µg/L	<5.9	g/D	<0.25	µg/L	<2.5	g/D	1	EPA 624	0.25 µg/L
CARBON TETRACHLORIDE	<0.25	µg/L	<5.9	g/D	<0.25	µg/L	<2.5	g/D	1	EPA 624	0.25 µg/L
CHLOROBENZENE	<0.25	µg/L	<5.9	g/D	<0.25	µg/L	<2.5	g/D	1	EPA 624	0.25 µg/L
CHLORODIBROMO-METHANE	<0.25	µg/L	<5.9	g/D	<0.25	µg/L	<2.5	g/D	1	EPA 624	0.25 µg/L
CHLOROETHANE Waiver Requested	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2-CHLORO-ETHYLVINYL ETHER Waiver Requested	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CHLOROFORM	14	µg/L	330	g/D	14	µg/L	141	g/D	1	EPA 624	0.25 µg/L
DICHLOROBROMO-METHANE	<0.25	µg/L	<5.9	g/D	<0.25	µg/L	<2.5	g/D	1	EPA 624	0.25 µg/L
1,1-DICHLOROETHANE Waiver Requested	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1,2-DICHLOROETHANE	<0.25	µg/L	<5.9	g/D	<0.25	µg/L	<2.5	g/D	1	EPA 624	0.25 µg/L
TRANS-1,2-DICHLORO-ETHYLENE	<0.25	µg/L	<5.9	g/D	<0.25	µg/L	<2.5	g/D	1	EPA 624	0.25 µg/L
1,1-DICHLOROETHYLENE	<0.25	µg/L	<5.9	g/D	<0.25	µg/L	<2.5	g/D	1	EPA 624	0.25 µg/L
1,2-DICHLOROPROPANE	<0.25	µg/L	<5.9	g/D	<0.25	µg/L	<2.5	g/D	1	EPA 624	0.25 µg/L
1,3-DICHLORO-PROPYLENE	<0.25	µg/L	<5.9	g/D	<0.25	µg/L	<2.5	g/D	1	EPA 624	0.25 µg/L
ETHYLBENZENE	<0.25	µg/L	<5.9	g/D	<0.25	µg/L	<2.5	g/D	1	EPA 624	0.25 µg/L
METHYL BROMIDE	<0.25	µg/L	<5.9	g/D	<0.25	µg/L	<2.5	g/D	1	EPA 624	0.25 µg/L
METHYL CHLORIDE	<0.25	µg/L	<5.9	g/D	<0.25	µg/L	<2.5	g/D	1	EPA 624	0.25 µg/L
METHYLENE CHLORIDE	<0.25	µg/L	<5.9	g/D	<0.25	µg/L	<2.5	g/D	1	EPA 624	0.25 µg/L
1,1,2,2-TETRACHLORO-ETHANE	<0.25	µg/L	<5.9	g/D	<0.25	µg/L	<2.5	g/D	1	EPA 624	0.25 µg/L
TETRACHLORO-ETHYLENE	3.4	µg/L	80.2	g/D	3.4	µg/L	34.4	g/D	1	EPA 624	0.25 µg/L
TOLUENE	1.4	µg/L	33.0	g/D	1.4	µg/L	14.1	g/D	1	EPA 624	0.25 µg/L

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,1,1-TRICHLOROETHANE	<0.25	µg/L	<5.9	g/D	<0.25	µg/L	<2.5	g/D	1	EPA 624	0.25 µg/L
1,1,2-TRICHLOROETHANE	<0.25	µg/L	<5.9	g/D	<0.25	µg/L	<2.5	g/D	1	EPA 624	0.25 µg/L
TRICHLORETHYLENE	<0.25	µg/L	<5.9	g/D	<0.25	µg/L	<2.5	g/D	1	EPA 624	0.25 µg/L
VINYL CHLORIDE	<0.25	µg/L	<5.9	g/D	<0.25	µg/L	<2.5	g/D	1	EPA 624	0.25 µg/L

Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.

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ACID-EXTRACTABLE COMPOUNDS

P-CHLORO-M-CRESOL Waiver Requested	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2-CHLOROPHENOL	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
2,4-DIMETHYLPHENOL	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
4,6-DINITRO-O-CRESOL	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
2,4-DINITROPHENOL	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
2-NITROPHENOL Waiver Requested	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
4-NITROPHENOL Waiver Requested	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PENTACHLOROPHENOL	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
PHENOL	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
2,4,6-TRICHLOROPHENOL	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L

Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.

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BASE-NEUTRAL COMPOUNDS.

ACENAPHTHENE	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
ACENAPHTHYLENE	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
ANTHRACENE	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
BENZIDINE	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
BENZO(A)ANTHRACENE	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
BENZO(A)PYRENE	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3,4 BENZO-FLUORANTHENE	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
BENZO(GH)PERYLENE Waiver Requested	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BENZO(K)FLUORANTHENE	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
BIS (2-CHLOROETHOXY) METHANE Waiver Requested	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BIS (2-CHLOROETHYL)-ETHER	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
BIS (2-CHLOROISO-PROPYL) ETHER	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
BIS (2-ETHYLHEXYL) PHTHALATE	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
4-BROMOPHENYL PHENYL ETHER Waiver Requested	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BUTYL BENZYL PHTHALATE	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
2-CHLORONAPHTHALENE	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
4-CHLOROPHENYL PHENYL ETHER Waiver Requested	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CHRYSENE	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
DI-N-BUTYL PHTHALATE	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
DI-N-OCTYL PHTHALATE Waiver Requested	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DIBENZO(A,H) ATHRACENE	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
1,2-DICHLORO BENZENE	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
1,3-DICHLORO BENZENE	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
1,4-DICHLORO BENZENE	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
3,3-DICHLORO BENZIDINE	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
DIETHYL PHTHALATE	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
DIMETHYL PHTHALATE	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
2,4-DINITROTOLUENE	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
2,6-DINITROTOLUENE Waiver Requested	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1,2-DIPHENYLHYDRAZINE	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
FLUORENE	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
HEXACHLOROBENZENE	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
HEXACHLOROBUTADIENE	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
HEXACHLOROCYCLO-PENTADIENE	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
HEXACHLOROETHANE	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
INDENO(1,2,3-CD)PYRENE	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
ISOPHORONE	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
NAPHTHALENE	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
NITROBENZENE	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
N-NITROSODI-N-PROPYLAMINE	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
N-NITROSODI-PHENYLAMINE	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
PHENANTHRENE Waiver Requested	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PYRENE	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L
1,2,4-TRICHLOROBENZENE	<2	µg/L	<47	g/D	<2	µg/L	<20	g/D	1	EPA 625	2 µg/L

Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.

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Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.

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END OF PART D.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

4 chronic 4 acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and on-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

See Part E.4.

Test number: _____

Test number: _____

Test number: _____

a. Test information.

Test species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			

b. Give toxicity test methods followed.

Manual title			
Edition number and year of publication			
Page number(s)			

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite			
Grab			

d.. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection			
After dechlorination			

Test number: _____ Test number: _____ Test number: _____			
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:			
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity			
Acute toxicity			
g. Provide the type of test performed.			
Static			
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water			
Receiving water			
i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water			
Salt Water			
j. Give the percentage effluent used for all concentrations in the test series			
k. Parameters measured during the test. (State whether parameter meets test methods specifications)			
pH			
Salinity			
Temperature			
Ammonia			
Dissolved oxygen			
l. Test Results			
Acute:			
Percent survival in 100% effluent	%	%	%
LC ₅₀			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic			
NOEC	%	%	%
IC ₂₅	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance

Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____ Yes X No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

See Attachment 2 for a summary of reports that were previously submitted.

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

See Attachment 2 for a summary of results.

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. **Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

☒ Yes ☐ No

F.2. **Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 0

b. Number of CIUs. 0

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. **Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: _____

Mailing Address: _____

F.4. **Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

F.5. **Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): _____

Raw material(s): _____

F.6. **Flow Rate.**

a. **Process wastewater flow rate.** Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (☐ continuous or ☐ intermittent)

b. **Non-process wastewater flow rate.** Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (☐ continuous or ☐ intermittent)

F.7. **Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits ☐ Yes ☐ No

b. Categorical pretreatment standards ☐ Yes ☐ No

If subject to categorical pretreatment standards, which category and subcategory?

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☐ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?

☐ Yes ☒ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

N/A

☐ Truck ☐ Rail ☐ Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number Amount Units

N/A _____

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

☐ Yes (complete F.13 through F.15.) ☒ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

N/A _____

F.14. Pollutants. List the hazardous constituents that are received (or are expected to received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

N/A _____

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

☐ Yes ☐ No

If yes, describe the treatment (provide information about the removal efficiency):

N/A _____

b. Is the discharge (or will the discharge be) continuous or intermittent?

☐ Continuous ☐ Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE